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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/764,989					
Filing Date	JANUARY 26, 2004					
First Named Inventor	Bühler					
Art Unit	1645					
Examiner Name						
Attorney Docket Number	PRO.11.2					

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the attorneys/agents of record.									
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
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The reasons for this request are: Assignee has requested that this case be transferred to the undersigned.									
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1. The correspondence address is NOT affected by this withdrawal.									
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	m <i>or</i> lividual Name	Dr. Oliver Wolf; Degussa IPM							
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration									

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